UTAH DEPARTMENT OF
HEALTH

RE-ENGAGEMENT TO CARE

PROGRAM MANUAL

Division of Disease Control and Prevention

Bureau of Epidemiology

Prevention, Treatment and Care Program

March 2018

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Definitions

ART- antiretroviral therapy

CIDR- cumulative interstate deduplication report

NIC- not in care

PLWH- People living with HIV

PTCP- Prevention, Treatment and Care Program

UDOH- Utah Department of Health

RTC- Re-engagement to care

INTRODUCTION TO RE-ENGAGMENT TO CARE

Preface

This manual is a resource for Re-Engagement to Care (RTC) staff that are engaging in PTCP Re-Engagement to Care activities. The purpose of the manual is to provide an overview of re-engagement to care guidelines and activities including: minority AIDS initiative activities, evaluation and data collection, field safety, and the re-engagement flow of events.

Re-Engagement Goals and Objectives

Goal: Decrease the number of HIV+ Utahns who are currently out of care and increase viral suppression among the HIV+ population.

Objective: Ensure that at least 50% of individuals who are identified, and contacted by the program are linked to medical care and attend their first appointment within 30 days of initial RTC interaction.

Eligibility

The PTCP RTC Program provides services to HIV+ clients who meet at least one of the following three criteria: 1) UDOH has not received an HIV-related lab in the last 12 months; 2) An ART prescription has not been filled by the client in the past 12 months*; or 3) The individual's last viral load test has not been conducted within the past six months and is >200, and/or CD4 <500, and/or a CD4% <32.

For newly diagnosed clients, linkage to care must occur within 30 days of diagnosis. If a client has not received any HIV-related labs within that period, indicating that they have engaged in care, they are eligible for the RTC program.

*This data is limited individuals enrolled in the AIDS Drug Assistance Program through the Ryan White Part B Program.

Incentives

To incentivize patients to meet with an RTC staff member one-on-one, gift cards may be offered. One-on-one meetings allow RTC staff members to discuss the individuals' barriers to HIV care, ART use*, and provide referrals to services such as medical care, case management, and outline the next steps they will take to address these barriers and re-engage in care. Additional incentives may be offered to clients in order to incentivize the attendance of medical appointments.

Incentives should only be given to the client after confirmation that they attended the appointment is obtained. If an incentive is being used to encourage a client to attend a medical appointment, RTC staff should verify attendance through the client's provider's office before giving the client the gift card. RTC staff must request incentives directly from PTCP.

*RTC staff do not make individual recommendations about starting ART but rather encourage participants to talk with their providers about this issue.

Rights and Responsibilities

All clients engaged in the Re-Engagement to Care program have the right to:

(1) Be treated with respect at all times.
(2) Have their personal information protected.
(3) Be treated equally with all others, regardless of race, color, religion, sex, national origin, ancestry, sexual orientation or physical or mental disability.
(4) Not be abused or threatened.
(5) Receive the services they are eligible to receive.
(6) Receive high quality care in line with national standards.
(7) Be an active participant in their service plans.
(8) Make their own decisions.
(9) Stop receiving services at any time.
(10) File a complaint about services without losing access to services.

All staff participating in the Re-Engagement to Care Program have the responsibility to:

(1) Treat people with respect, including clients, staff and health care providers.
(2) Not abuse or threaten others.
(3) Provide the Re-Engagement to Care Program, RTC staff, providers and additional agencies with correct information.
(4) Provide updated contact and emergency contact information to RTC staff.

(5) Keep their appointments with clients.
   a. If they are unable to make the appointment, RTC staff will notify the client 60 minutes prior to the agreed upon time.
(6) Be an active participant in their services, including making a Re-Engagement to Care plan and completing the tasks, they agree to.

Confidentiality and Records Retention

Field records must be safeguarded against disclosure. Field records are defined as any information held by the UDOH about health status, provision of health care, payment for health care, or other protected information that can be linked to an individual. It also includes health information with data items which reasonably could be expected to allow individual identification.

Upon hire, all RTC employees are required to sign a State of Utah's Confidential Information Acknowledgement and the UDOH Confidentiality agreement. This agreement requires that all RTC staff:

(1) Have read the current UDOH Confidentiality Policies and Procedures and fully understand their responsibility to implement UDOH's confidentiality policies and procedures regarding confidential information.
(2) Agree to observe the confidentiality policies and procedures of the UDOH.
(3) Agree they have an ethical and legal obligation to protect the right of privacy of the persons whose records the UDOH maintains.
(4) Will not relate or discuss any information that identifies a specific patient, physician or hospital with anyone other than RTC staff, the source from which the information originated, health care providers involved in the patient's care, or other persons needed to carry out the programs responsibilities.
(5) Understand that any confidential information received in the course of employment in the Section will remain confidential after termination of employment in the Section.
(6) Understand that failure to observe these confidentiality policies will be grounds for immediate disciplinary action and could constitute justification for termination.

All RTC staff are also responsible for data security through maintaining proper workstation security, office access, and access to confidential information as outlined in the UDOH Security and Confidentiality Policies and Procedures document. RTC staff should not remove confidential information, including paper or electronic information, from the work site unless it is required for a field visit, meeting, or otherwise necessary for work-related purposes. Appropriate measures must be taken in each instance to ensure that confidential information removed from the worksite is secured from unauthorized access and not left unattended and unsecure.

RE-ENGAGEMENT TO CARE GUIDELINES

Re-Engagement

RTC staff will contact eligible clients. If a client opts-out of RTC services, they should be provided with standard referrals for re-engagement in medical services and long-term medical case management. RTC services are customized to meet the needs of the client. Clients may have encountered different barriers to engaging in HIV care since initial diagnosis and need varying levels of support in accepting their diagnosis and accessing care.

General RTC guidelines for engaging out of care clients are outlined below.

1. The RTC staff should ensure client understands the role of the RTC program, particularly its short-term and transitive format. The client should be aware that the purpose of the RTC program is re-engagement into medical and case management services with whom they will engage in the long-term.
2. The RTC staff should conduct a RTC assessment to help determine what medical and support systems the client may need to be engaged in (pg. 8).
3. The RTC staff should review pertinent program information with the client, including an overview of the client's rights and responsibilities while engaging in RTC services (pg. 5).
4. Motivational interviewing and strengths-based counseling techniques should be utilized to determine what barriers to accessing medical treatment and long-term case management the individual experienced at initial diagnosis and what steps can be taken to overcome those barriers at re-engagement.
5. During the course of the RTC program, the RTC staff should record their work in UT-NEDSS (pg. 16). This summary and data variables not only provide guidance during the re-engagement process, but serves to provide continuity of care if the client transitions to long-term case management services.
6. All RTC referrals should be active. Active referrals mean that the RTC staff works with the client to schedule appointments, complete mandatory paperwork, arrange transportation and if requested attend meetings and appointments with the client.
7. During the last RTC interaction, the RTC staff should conduct the RTC standard assessment again (pg. 8), to determine what progress was made in client education and linkage to medical care and support services during the RTC program. The amount of RTC interactions is determined based on the client's individual needs.
8. During the last RTC interaction, the RTC staff should ask permission to follow-up with the client approximately three months after their final interaction to check on their current enrollment status and offer additional help if necessary.

NIC List

PTCP surveillance will generate a Not-in-Care (NIC) list on a quarterly basis for local health jurisdictions and other entities contracted for re-engagement to care services using surveillance databases eHARS and UT-NEDDS.

The list will identify all clients residing in Utah who have been diagnosed with HIV and have been identified as being out of care. The list will include the variables below:

- Name
- Date of birth (DOB)
- Race and Ethnicity.
- Most recent address and phone number
- Date of diagnosis
- Facility and Provider
- Date of most recent lab, ordering provider and provider's facility
- Lab test results and collection date for most recent CD4/Viral load
- Number of unique lab collection dates
- Investigation Jurisdiction and Investigator

After the list is created, PTCP staff will identify the clients by the local health jurisdiction that is believed to be the individual's current and/or last known jurisdiction of residence. PTCP surveillance staff will use 'number unique lab collection dates' variables as an indicator to identify how strongly people were engaged in care prior to falling out of care.

Additional Sources to Confirm NIC Status

LexisNexis

LexisNexis is used to further investigate clients on the NIC list. LexisNexis is a helpful tool to concur with data in regard to current address and vital status. In order to identify a client in LexisNexis an approved user with PTCP will search for clients based on:

- First name.
- Last name
- Middle name or Initial (if applicable).
- Date of birth (DOB).

The RTC staff should use logic and discretion when identifying clients (i.e. does the record include an address that matches the UT-NEDSS or eHARS data?). LexisNexis should serve as a tool to confirm residence or vital status. If a record is marked deceased, this information should

be reported to PTCP to be confirmed with vital records. If a client appears to live outside of Utah, a PTCP staff member will confirm this with the state the client is reporting residing.

For additional considerations and directions for utilizing LexisNexis, please reference page 11.

Social Media

Social media can also be used to gather contact information and information about the location of a client, particularly if a client is not found on LexisNexis. Additionally, RTC staff may use social media to find out what a client looks like in advance of an in-person meeting. In some cases, social media might be the best option to contact a client.

If it is determined that social media is the best way to contact a client, the RTC staff should do so from official agency accounts. The following is a sample message:

> *Hello _____, my name is [name] and I work with [agency]. I am reaching-out to you because you may not be receiving the medical care that you need. My goal is to provide you with support in meeting with a health care provider and accessing other services that you might find beneficial. Additionally, you will qualify for a gift certificate for participating.*
>
> *Please contact me at your earliest convenience at [phone number] or [email address] and I would be happy to talk with you about the services you may be eligible to receive.*

This message should be sent via personal/private messenger **not on a public page or forum**.

Re-Engagement Flow of Events

The PTCP Surveillance Team creates NIC list arranging clients by years out of care (1-2 years, 3 years, 4 years, 5 years, and 5+ years).

Surveillance will match the NIC list with the CIDR list; clients who match are excluded from the final list. This list is then matched with Ryan White data to exclude clients from the NIC list who have received ARTs in the past year through the Ryan White Program. The PTCP RTC Coordinator will then prioritize NIC list participants and provide list to subcontractors.

Subcontractors start by utilizing LexisNexis to determine if any updated contact information for clients is available (phone numbers, addresses, etc.).

Clients believed to have moved out of Utah are reported to PTCP for additional follow-up.

Clients believed to be deceased are reported to PTCP Surveillance Team for additional follow-up.

For all other clients, attempts to contact them begin. A minimum of three attempts utilizing various methods (phone calls, letters, emails, Facebook messages) must be made.

Once a client is contacted and agrees to LTC activities, assess why client fell out of care and barriers to re-engagement

Clients are assessed and referred to the Ryan White Program. MAI activities are conducted.

Once the client is ready, a medical appointment is made. This may include providing assistance to get to the medical appointment (i.e. bus passes) or even attending the appointment with the client if they request.

Attendance of medical visit is confirmed with the provider's office and a confirmation of when the provider would like to see the client next is noted. RTC staff should also indicate any ARTs the client has been prescribed.

A follow-up call is made to the client to check-in about the appointment and see if any addition barriers were identified or remain. If applicable, RTC staff should confirm that the client filled their prescription and briefly review the importance of adherence. This can also be done after the appointment if RTC staff attended the appointment with the client.

A call/appointment is made with the client after three months to reassess barriers and answer any additional questions. RTC staff should also confirm if the client has had any difficulties remaining adherent to medication (as applicable).

*RTC staff may identify that per the client's needs, more frequent calls are necessary.

A 6 month check-in is made. In addition to covering previous topics, if the provider indicated that the client should return in 6 months, RTC staff should assess if the client is prepared to do so and assist as needed. If an appointment was indicated, RTC staff should confirm attendance.

A final 12 month check-in call/appointment is made. RTC staff should review the progress the client has made and provide feedback on the client's successes. RTC staff should also asses any remaining client barriers and if additional calls are necessary. A confirmation of appointment attendance is made.

CLIENT INTERVIEW

Re-Engagement Interview

The initial RTC interview should cover the following:

1) Explain the program and discuss the purpose of the call.

2) Identify barriers to receiving HIV care and taking ART.

3) Explore priority barriers and possible solutions in depth.

4) Develop an action plan.

5) Wrap-up.

RTC staff should have a computer or a print-out of the variables being collected along with space to take notes ready in case the client wants to do the interview by phone.

Before beginning the interview, it is crucial discuss privacy and confidentiality. If it is the first time speaking with the client, you should verify the identity of the client by having them confirm information such as date of birth, or current and/or past addresses.

Explain the program and set expectations for the call.

The client should have an understanding of the call and the purpose of the RTC program. It is important to thoroughly explain all components of the program and the role of RTC staff so that the client can make an informed decision on whether they would like to participate.

Some items to cover:

- Role of RTC staff and the reason for the call.
- An overview of the RTC program and its importance.
- Explain how they might benefit from the RTC program.
- An overview of the potential duration of the program.
- Incentives associated with enrollment in the program.

Identify barriers to receiving HIV care and taking ART.

There are many reasons why an individual falls out of care. It is crucial to understand the barriers clients face in order to appropriately address the barriers and assist clients in re-engaging into medical and case management care. RTC staff may want to start by asking a more general question and then honing in on specifics that the client identifies. It is essential to explore the client's priority barriers. RTC staff may begin to explore possible solutions with the client as they go or may choose to wait for later in the session.

The following questions should be used as a guideline; language should be adjusted per the client's needs.

Barriers in Medical System

1. Do you have a medical provider for your HIV-related concerns?
    a. How is/was your relationship with your provider?
2. Have you had difficulty finding a medical provider?
    a. What makes it difficult for you to find a medical provider?
3. What has prevented you from seeing an HIV doctor or remaining on treatment?
4. What things about the medical system have made it hard for you to get care for your HIV? (e.g., insurance, transportation, can't get timely appointments, lack of provider empathy).

Barriers in Case Management

1. When you were first diagnosed with HIV, did you meet with an HIV case manager?
2. If yes, what was your experience with case management like?
3. Did you have any concerns/barriers around case management?

Barriers to ART

1. Have you ever been prescribed medication to treat HIV (ART)?
2. If yes, are you currently taking them?
    a. Have you had any issues taking your medications consistently?
3. If no, is there a particular reason you are currently not on ART? Do you have any concerns about them such as potential side-effects, cost, obtaining medications, etc.?

Social History

1. Has depression or your mood ever prevented you from seeking medical care or from taking your medications?
2. Has your drug or alcohol use ever prevented you from seeking medical care or from taking your medications?

During follow-up calls, RTC staff may choose to talk to the client about their sexual activity. The purpose of these questions is to prevent the further transmission of HIV. These questions **should not** be asked during the initial RTC encounter.

Sexual Activity

1. Are you sexually active?
2. Do you choose to disclose your HIV status to sexual partners?
    a. If yes, what has disclosing your HIV status to sexual partners been like for you?
3. Do you have any concerns about transmitting HIV to others? Why or why not?
4. Are you concerned about acquiring STIs?"

Develop an action plan.

When developing an action plan, it is important to summarize what was discussed. The client should be actively engaged in the creation of an action plan. There should agreement to what they identified as their main concerns as well as the next actions both the client and RTC staff hope to take.

During the summary, cover the following:

- Clients concerns about HIV, personal health and risk of transmitting HIV.
- Major thoughts on the benefits and risks of ART.
- Reasons for not taking ART.
- Barriers of highest concern or importance.

Below are some sample questions to obtain concurrence with the client:

"Let me see if I understand your main concerns. Of the issues we talked about, it sounds like the biggest issues for you are/have been ____, ____, and _____. Do I have that correct? Is there anything you'd like to add?"

"Do you feel like that's a good summary? Have I missed anything?"

Part of developing an action plan is identifying next steps that both the RTC staff and the client will take towards re-engaging them into care. The amount and intensity of the steps will vary per client and RTC staff should adjust them accordingly. What may seem like a small step may be major for the client. RTC staff should bolster self-efficacy through defining potential challenges, outlining strategies for success and rehearsing next steps.

Some possible action plan steps include:

- Scheduling a medical care or case management appointment for the client.
- Agreeing to attend the medical appointment with the client.
- Addressing the specific barriers the client has addressed.
    - Lack of insurance- referral to Ryan White
    - Substance abuse or mental health- active referrals
    - Lack of a provider- giving the client a list of providers for them to choose from

Wrap-up

When wrapping-up the interaction, the main goal is to outline and explicitly state the next steps that both the RTC staff and the client will be taking. During this time, RTC staff should also inform the client about the importance of following-up as an opportunity to evaluate their progress, adjust the plan if needed, and provide more assistance as needed or requested. If RTC staff will not be attending a medical appointment with the client, they should get consent from the client to contact their provider or case manager (as relevant). Reiterate confidentiality and stress the importance of working together with both their provider and case manager in order to ensure the greatest success for them.

RTC staff should add detailed notes in UT-NEDSS and fill out the relevant form field attachment in the client's Case Morbidity Report (CMR) (pg. 8).

Minority AIDS Initiative (MAI)

Overview

The Minority AIDS Initiative (MAI) was created in 1998 in response to growing concern about the impact of HIV/AIDS on racial and ethnic minorities in the United States. MAI principal goals are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV-related health disparities. In an effort to complement, rather than replace, other federal HIV/AIDS funding and programs, the MAI takes a multi-pronged approach that focuses simultaneously on HIV prevention, care, treatment and research.

Activities

MAI Activities in Utah

1. The primary target audiences of MAI outreach and education include Hispanic and Black PLWH.

2. Targeted activities for funded education will include working with HIV Prevention, HIV Surveillance, and Re-Engagement to Care Programs to monitor out of care and newly diagnosed individuals from non-white populations in Utah and provide one-on-one education regarding Ryan White Part B, AIDS Drug Assistance Program (ADAP), and other assistance programs in Utah and facilitate entry and engagement to care.

3. Individuals identified for MAI activities will be cross-referenced with ADAP enrollment to determine if a client was enrolled.

4. MAI activities will occur in geographic areas that the majority of the target audiences reside in. The needs of the target audience will be continually assessed and activities implemented in the geographic areas that have identified the most need for MAI services.

5. Direct services will be conducted in areas with access to the target audiences. Staff will collaborate with such agencies such as local health departments and AIDS service organizations in geographic areas that have been identified as high need for MAI services and have access to the target audiences.

6. MAI services will be coordinated with existing services and providers such as those funded by HIV Prevention with access to the target audience and experience with education and outreach.
7. Obtaining community input from minority populations in the development and implementation of MAI services will be achieved through the involvement of Utah HIV Planning Group (UHPG).

RTC clients who are candidates for MAI activities should be prioritized. These clients should be educated on Ryan White services and be screened for eligibility. Additionally, these clients should be actively referred to case managers at Clinic 1A or the Utah AIDS Foundation (UAF) in order to be enrolled in Ryan White services, if eligible. All MAI referrals must be tracked and confirmed for Ryan White enrollment utilizing the appropriate form fields in UT-NEDSS (pg. 19).

LexisNexis

Summary

Accurint is a software package owned by Lexis-Nexis, an information service company, based in Atlanta, GA. It is a subscription service that allows users to the search and analyze publicly available information. It is used as an investigative solution that enables government agencies to locate people, detect fraud, uncover assets, verify identity, perform due diligence, and visualize complex relationships. Accurint is a powerful tool that can help to improve the quality and accuracy of our HIV Surveillance data. A direct connection to over 37 billion current public records held within 10,000 databases. Currently, it used by over 3,000 federal, state, and local governmental agencies.

Locating Person Out of Care

Public health clients frequently change their addresses, sometimes several times a year. The primary limitation with using HIV Surveillance data for RTC is the accuracy of current address information stored within eHARS and UT-NEDSS. This is of particular importance for clients not in care, as 'Current Address' is frequently inaccurate. Many states have clients in the eHARS databases with current addresses more than 20 years old.

Manual Matching in Accurint

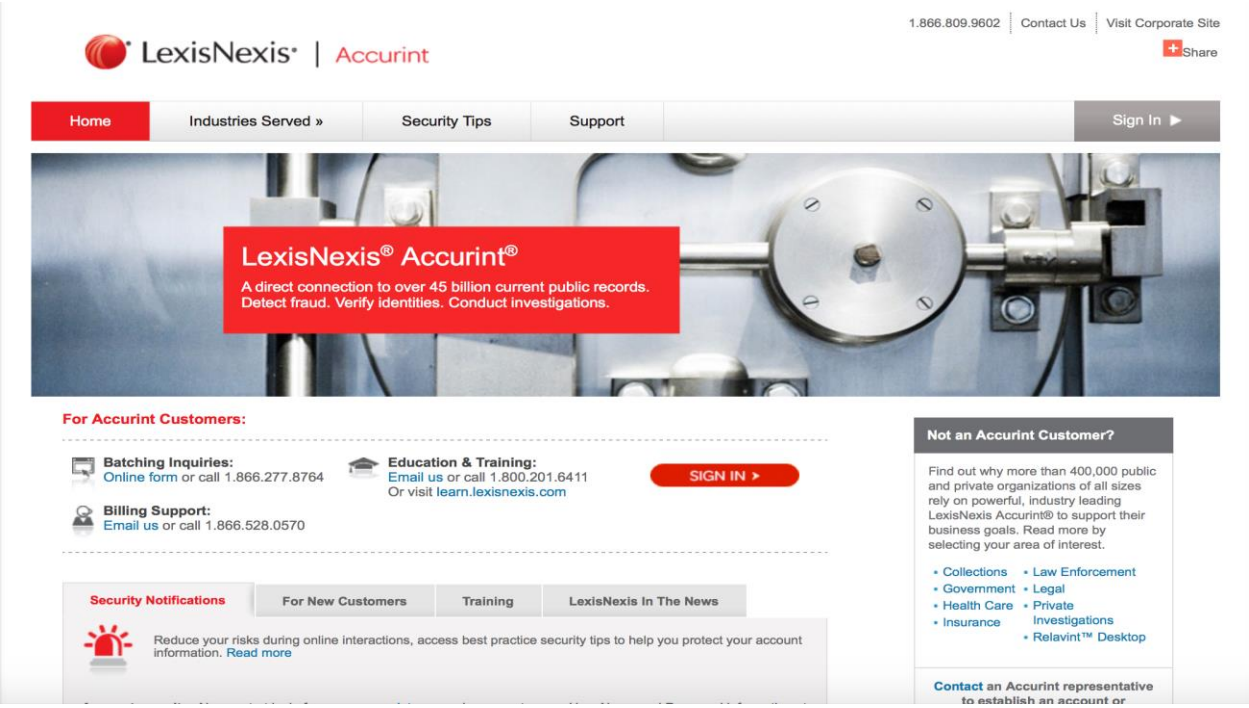
LexisNexis allows to the user search for individual clients. All searching is conducted on Accurint's online website (http://www.accurint.com) so that no software is maintained by the end user. LexisNexis allows the user to enter as much (or as little) information into a search screen. Results are then displayed instantly and can either be exported into MS Excel, or printed.

CDC Security AND Confidentifality Precautions

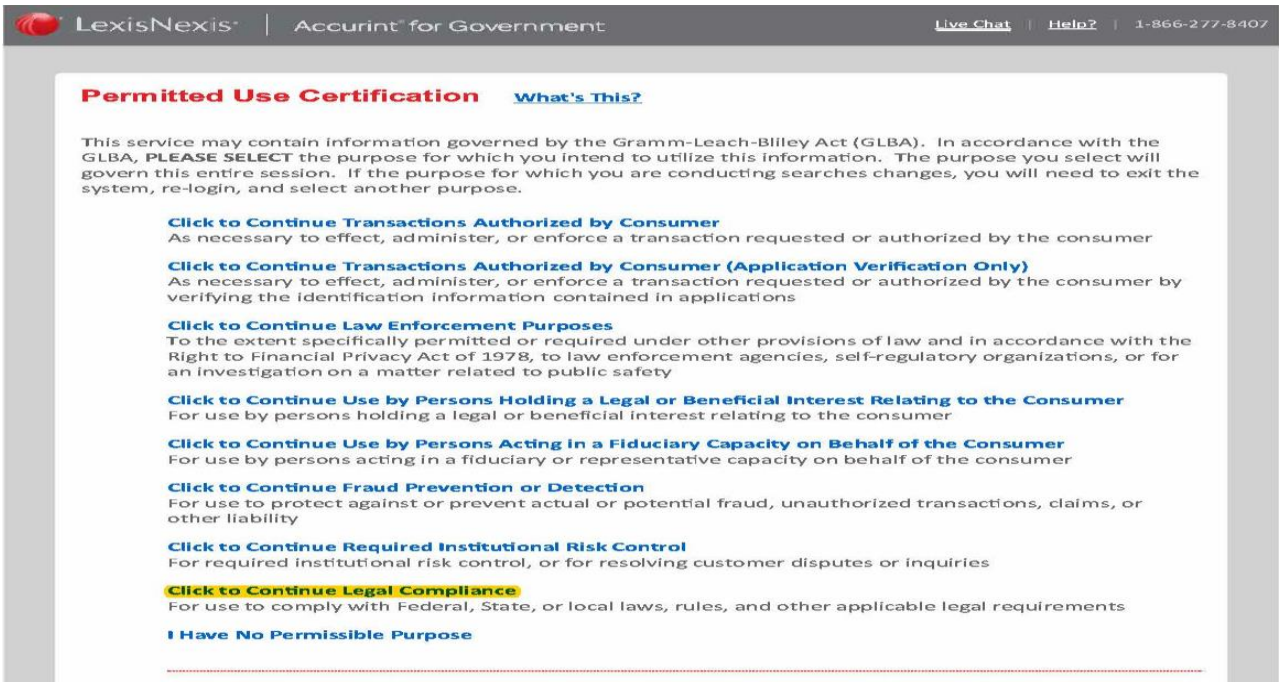
Security and Confidentiality (S&C) awareness is extremely important when using this software; agencies should have S&C policies are strictly adhered to while utilizing this software, and that training is occurring as necessary. It is crucial that only information directly related to reengagment activities is searched for. LexisNexis tracks all information searched for in the databse.

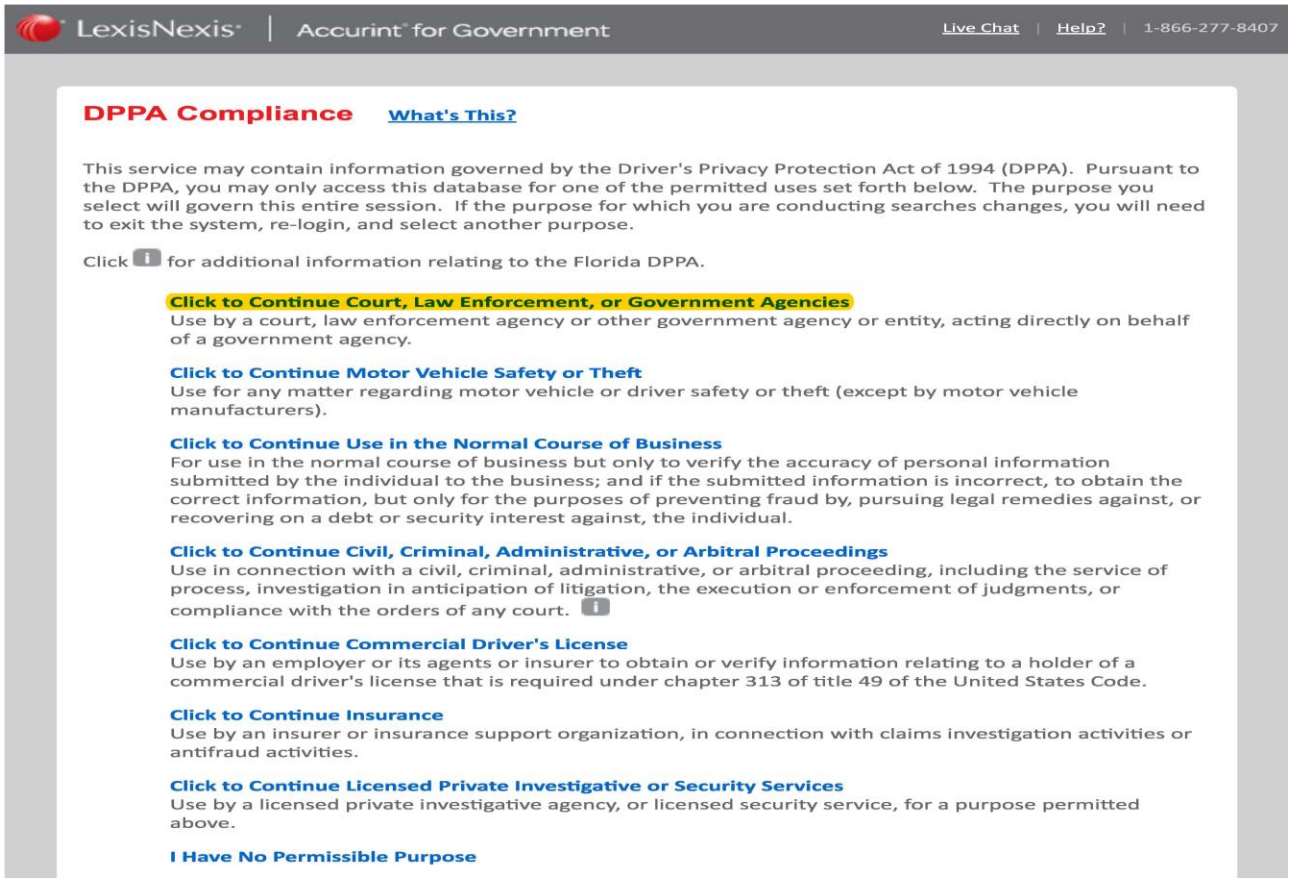
Getting Started In LexisNexis

ACCURINT MAIN SCREEN

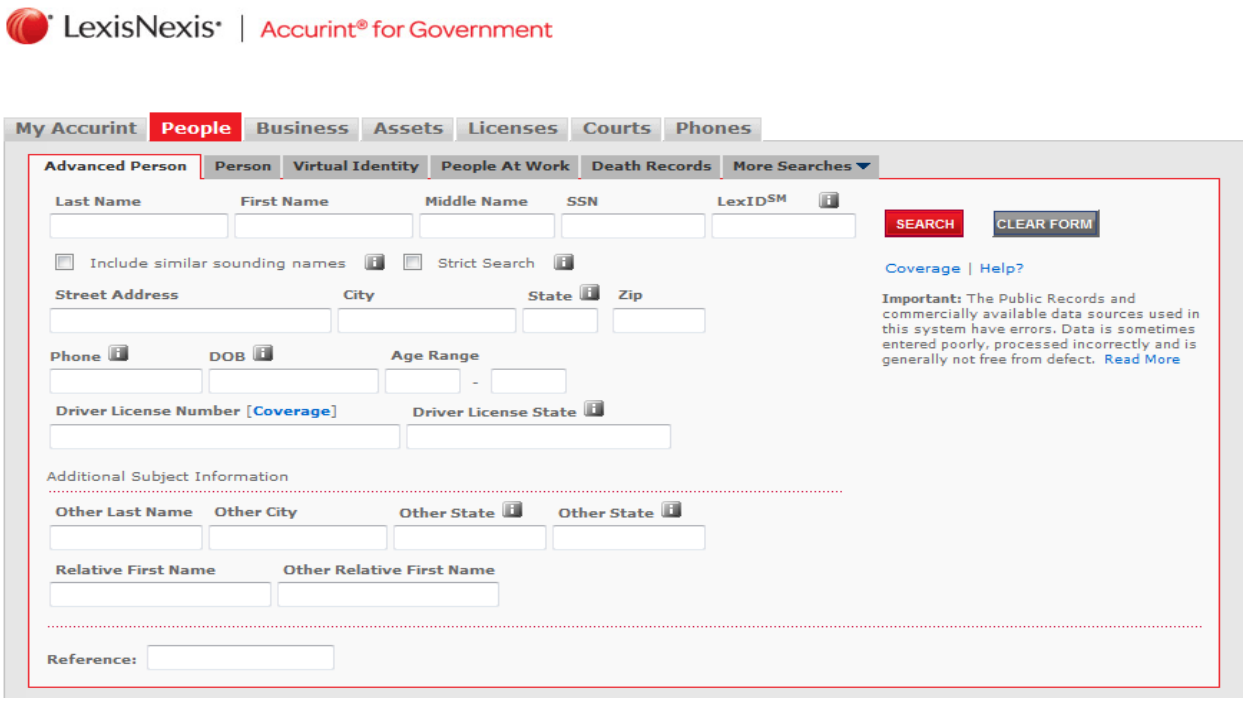


LOGIN CREDITIALS AND PERMITTED USE CERTIFICATION

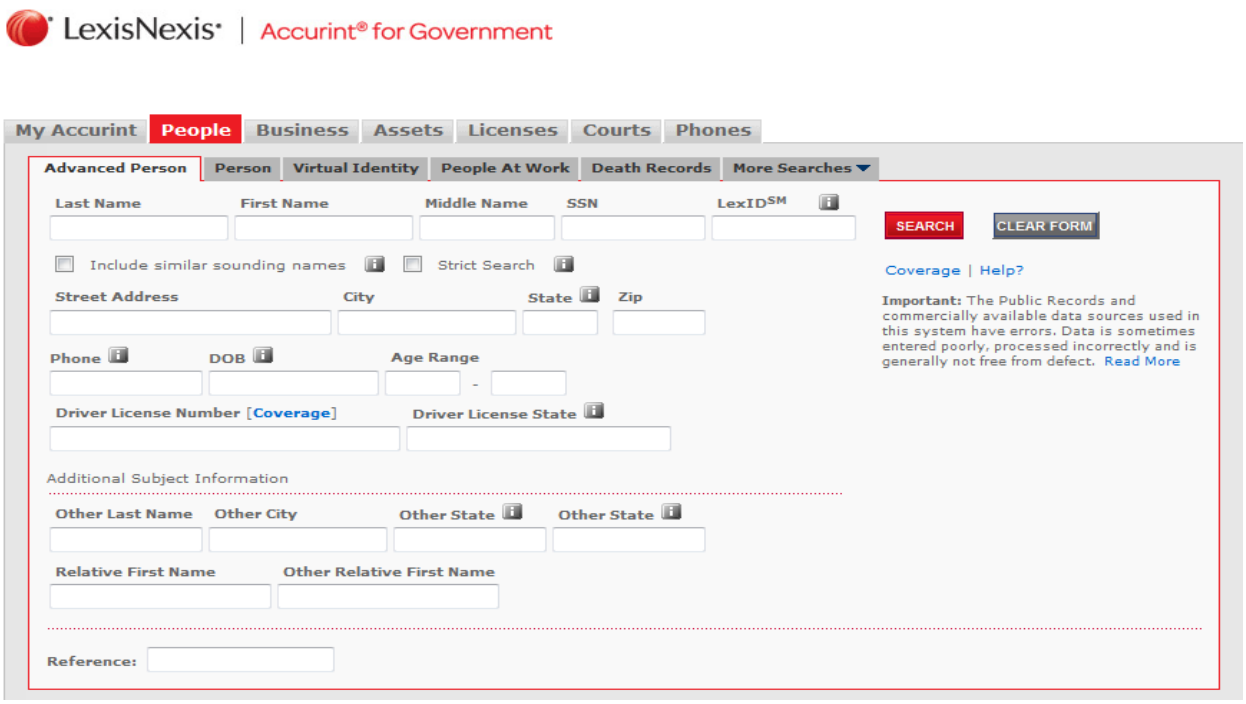




MAIN SEARCH SCREEN PAGE



ADVANCED SEARCH SCREEN PAGE



EVALUATION AND DATA COLLECTION

Re-Engagement to Care Data Collection

The following data variables should be recorded in UT-NEDSS and can be found under the Investigation tab. The form must be manually attached to the CMR by the investigator. This can be done by navigating to the Investigation tab in the desired CMR and selecting “Manage” to the left of the page, in the “Associated Forms” section. Under “Forms available for use” select add next to “HIV_RTC.” The form will then appear under “Associated Forms”, in order for the form to appear in the CMR, the investigator must click on the arrow to the right of the “HIV_RTC” form.

RTC EpiTrax Form Fields

UTAH DEPARTMENT OF HEALTH
Bureau of Epidemiology

Utah Public Health
Name of Local Health Department
Address of Local Health Department
Phone: ***(801) xxx-xxxx*** *Confidential Fax* ***(801) xxx-xxxx***
April 2018

HIV RE-ENGAGEMENT TO CARE FORM

CONFIDENTIAL

REPORTING INFORMATION

Last Name: First Name: MI:

1. Date first added to NIC list: ____/_____/_____
2. Date NIC investigation opened by LHD: ____/_____/_____
3. Staff conducting NIC/re-engagement to care activities: _____
4. Method of NIC investigation: [check all that apply]
   - ☐ Database/record search
   - ☐ Patient contact/field investigation
5. Number of contact attempts: _____
6. Date of last contact attempt: _____/_____/_____
7. Individual interviewed:
   - ○ Yes
   - ○ No

[BRANCHING LOGIC] if Q7=Yes
8. Date of Interview: _____/_____/_____

[BRANCHING LOGIC] if Q7=No
9. Reason for no interview:
   - ☐ Individual refused to interview
   - ☐ Unable to contact
   - ☐ Staff did not attempt to contact
   - ☐ Individual moved out of state
   - ☐ Individual deceased
10. Result of NIC investigation:
    1. Individual is deceased
    2. Individual resides in another state
    3. Individual is already in care
    4. Individual is confirmed NIC
    5. Unable to determine
11. Date NIC investigation result determined: _____/_____/_____

12. Date of Death: _____/_____/_____
13. State of Death: _____
14. Source of death information: _____

[BRANCHING LOGIC] If Q10=2 (Individual resides in another state)
15. Presumed current address: _____

[BRANCHING LOGIC] if Q10=3 (Individual is already in care)
16. Provider: _____
17. Date of last clinical visit: _____/_____/_____
18. Date of last ART prescription fill: _____/_____/_____

NIC Form Patient name: _____ CMR: _____

RE-ENGAGEMENT TO CARE EFFORTS

[BRANCHING LOGIC-Entire Section] If Q10=4 (Individual confirmed NIC)

19. Does individual's race/ethnicity match a Minority AIDS Initiative priority population?
- ☐ Yes
- ☐ No
- ☐ Unknown

[BRANCHING LOGIC] If Q17=Yes

20. Was individual screened for the Ryan White HIV/AIDs Program?
- ☐ Yes
- ☐ No

[BRANCHING LOGIC] If Q18=Yes

21. Was individual eligible/referred to the Ryan White HIV/AIDS Program?
- ☐ Yes
- ☐ No

[BRANCHING LOGIC] If Q19=Yes

22. Was enrollment in the Ryan White HIV/AIDS Program confirmed?
- ☐ Yes
- ☐ No

23. Reported barriers to care reported by individual: [check all that apply]

- ☐ No health insurance
- ☐ Unable to afford co-pays
- ☐ Unable to access a doctor
- ☐ Inconvenient clinic hours/location
- ☐ Unable to schedule an appointment (i.e. long waiting list)
- ☐ Forget appointments
- ☐ Do not like/trust my doctor
- ☐ Do not like/trust healthcare workers in general
- ☐ Day-to-day responsibilities (e.g. child care, work, too busy)
- ☐ No reliable transportation
- ☐ Depression/Mental Health Issues
- ☐ Substance Abuse Issues
- ☐ Lack of stable housing/homelessness
- ☐ Incarcerated
- ☐ Feel good/no need of care or treatment
- ☐ Fear of losing partner/personal relationships
- ☐ Too sick to seek HIV treatment
- ☐ Does not want to think about being HIV+
- ☐ Prefer alternative therapy for HIV
- ☐ Do not like/trust my doctor
- ☐ Faith in God-no need for medical care
- ☐ Denial of HIV infection
- ☐ Language Barrier
- ☐ Other: _____

[BRANCHING LOGIC] If Q23=Other

24. Specify other barriers: _____

OUTCOMES OF RE-ENGAGEMENT TO CARE EFFORTS

25. Result of Re-engagement of care effort:
- ☐ Individual refused
- ☐ Individual returned to care prior to re-engagement efforts
- ☐ Efforts unsuccessful (lost to follow-up)
- ☐ Linked to care – documented
- ☐ Linked to care – client self-report only

NIC Form Patient name: _____ CMR: _____

[BRANCHING LOGIC] If Q25=Linked to care – documented

26. Method of documentation
    - ☐ Verbal or written report from medical care provider
    - ☐ Medical record review
    - ☐ Antiretroviral medication filled or refilled
    - ☐ Other record review

[BRANCHING LOGIC] If Q26=Other record review

27. Specify record type: _____

[BRANCHING LOGIC] If Q25= Linked to care – documented or Linked to care – client self report[NEXT 6 QUESTIONS]

28. Date individual returned to, linked to, or re-engaged to care: _____/_____/_____
29. Provider: _____
30. Date of initial follow-up RTC session: _____/_____/_____
31. Date of 3 mo. RTC session: _____/_____/_____
32. Date of 6 mo. RTC session: _____/_____/_____
33. Date of 12 mo. RTC session: _____/_____/_____
34. Re-engagement Notes:

FOR UDOH PERSONNEL ONLY

[BRANCHING LOGIC] If Q10=2 (Individuals resides in another state)

35. Record search results:
    - ☐ Confirmed OOS
    - ☐ No Record Found
36. D2C Notes:

Field Safety

The PTCP has developed safety guidelines to assist RTC staff in maintaining safety while conducting disease investigation activities, especially those activities that take place in the field. This is intended to aid staff in identifying potentially unsafe situations and provides guidance for successfully navigating instances where events may become unsafe, threatening or emergency in nature. It is important to note that these safety guidelines are specific to RTC work.

Safety

Safety Equipment

All RTC staff should carry fully operational, charged cell phones that should be left "ON" during the field visit. It is strongly recommended that RTC also carry a backup phone charger with them.

Safety Risk Assessments

RTC staff should:

Assess each field encounter and situation for potential risk. Review all available client information before meeting with a client for the first time in order to determine if the case has been flagged with a risk warning. Document any newly discovered safety concerns in UT-NEDSS via the notes second in order to assist the next worker. Flag top of the notes field with the word "warning" (WARNING) in all capital letters.

If a client has a history of assault or other violent behavior, or if a client has previously been aggressive toward an agency representative, use greater caution when working with that client. Discuss a plan and approach with a supervisor. Talk with other staff that has had prior experiences with the client in order to obtain a better understanding of the circumstances. Update client notes in the notes field in UT-NEDSS.

The following are questions and indicators that staff may find useful in conducting safety risk assessments for individual clients. Responses may indicate the level of personal risk for staff involved. This assessment is important in determining the level of support that may be warranted in working with certain clients and/or situations.

- Is the client actively violent or hostile?
- Does this situation involve domestic violence, e.g., spousal or child abuse?
- Does the client have a history of mental illness associated with violence, or sexual assault? Is the client exhibiting behaviors that indicate mental illness now?
- Does the client have a known history of criminal/gang activity?
- Does the client have a history of substance use, or is the client presently using substances?
- Is the client's geographic location potentially dangerous? Is the area known for high crime/drug activity? Is the housing or neighborhood of high concern for personal safety?
- Will staff be going to an area with limited available support resources (rural/isolated)?
- Does the client have a previous history of violence, multiple referrals, or have there been previous threats made to the staff? Search the available records.
- Will the client contact start or continue after normal working hours?
- Are there any other determinable risk factors?

Early Warning Signs

The need to assess risk starts early and continues throughout the working relationship between staff and the client. Observation of client behaviors, including verbal communication and body language, is critical to determining risk and responding to clients.

- Voice (e.g., raised volume, negative tones, nervous pitch)
- Clenched fists or jaw
- Sudden change in behavior or mood
- Invasion of personal space
- Agitated behavior: pacing, getting up and down
- Active state of substance abuse (drugs or alcohol)
- The presence of weapons
- The person's eyes (e.g., intense or no eye contact)
- Inappropriate dress (e.g., sexually revealing clothing, use of hoods to obscure the face, etc…)

Potentially Dangerous Clients

In collaboration with a supervisor, formulate a safety plan regarding potentially dangerous clients and geographic areas. A safety plan may include working with a partner (tandem fieldwork), re-assigning case to a male, a female or other more "acceptable" worker, having a male worker accompany a female worker or vice versa, providing services by phone, meet the client at an identified "safe zone," providing limited direct or indirect services or not providing any services. The supervisor should make the final decision after a review of available information and with input and recommendations from the RTC staff. For some situations, it should be left to the discretion of the RTC staff to independently determine and request what support is needed.

To determine the best approach for reaching the client and to assist in the development of a safety plan ask the following questions:

- How high a priority is the client?
- Would a tandem approach or case transfer increase the safety level?
- Could the situation be handled over the phone?
- What would be the best location for the client contact?
- What would be the best timing for the phone call or visit?

Document final decisions and safety plan in UT-NEDDS for the reference of supervisors and as a reference for future investigations.

Minimizing Non-Physical and Physical Safety Risks

When conducting case and fieldwork, be aware of what is going on in the immediate environment. Continually, take notice of the surroundings. Avoid the complacency that may come from encountering the same events and situations repeatedly. Pay attention to comfort level. When the level of discomfort rises, end the meeting and arrange to finish at another time, by phone or in tandem.

Site Selection

1. Use a room in a government agency or partner agency building. Choose to meet clients in a structured environment where you can be observed and there is an understanding of your purpose and role (such as a clinic, health department, hospital).
2. As an alternative, meet clients in a public place, where there is privacy, but accountability (i.e. library, retail store, or restaurant).
3. Use caution when meeting a client at their residence. Be aware of your surroundings.

While in the Field:

1. Act with assertiveness and confidence;.
2. Use good eye contact and walk purposefully.
3. Be aware of your surroundings.
4. When necessary, assure area residents that you are in the area to help someone and should leave as soon as finished. Minimize the perceived threat caused by your presence. Enlist allies among residents in conveying the message that you are not a threat.
5. Anticipate the unexpected and formulate a tentative plan of action.
6. Conduct fieldwork in the mornings. People are more likely to be less active than later in the afternoon, evening or at night.
7. Plan your route; use GPS, when you are unfamiliar with routes and locations.
8. Do not stand directly in front of a door after knocking. Stand to the side closest to the hinges of the door.
9. Be aware of dogs. You may consider rattling the gate before entering a fenced yard.
10. Leave gates open until you have completed the field visit.
11. Wear sensible non-restrictive shoes and clothing.
12. Conceal cell phones.
13. Carry medical equipment in padded pouches inside pockets, in non-descript tote bags or leave in the car trunk until needed.
14. Position yourself closer to the exit than the client to prevent a client from blocking your way out of a building or room.
15. Do not sit outside a client's home to look at maps or to complete case notes. Pull away and park elsewhere.

During a Client Session:

1. Clearly identify yourself and clearly state your purpose. Wear/carry your work ID badge and show it to verify your identity and purpose if questioned.
2. Use the client's names to personalize and humanize the situation.
3. Encourage client participation. Ask the client for opinions, suggestions and solutions.
4. Allow clients to de-stress and vent about their situation; let them know you can understand how the situation might cause frustration or anger.
5. Give clients time to think and get feelings under control.
6. Be honest.
7. Use active listening, reflection.
8. Be aware of your own and the client's non-verbal cues.
9. Remain courteous.
10. Use intuition. If you are feeling uneasy, leave. "When in doubt, get out!"
11. Leave the situation immediately, if threatened in any way.
12. Do not argue.
13. Leave, if the police enter the area or approach the client, unless you are specifically directed by the police to stay. Maintain confidentiality. Police do not have "need to know." If asked by the police, identify yourself and where you work (show work ID). Do not resist the police, if they want to take you, go. Phone your supervisor as soon as you can.

Actions to Avoid:

1. Appear afraid or unsure
2. Fail to identify yourself and role to the client
3. Use negative, non-verbal signals
4. Use overly harsh statements
5. Assume a parental role (moralizing, reprimanding, etc.)
6. Use judgmental statements
7. Use intimidation
8. Become defensive
9. Argue
10. Apologize for conducting the work
11. Make threats
12. Corner the client physically or psychologically
13. Change attire to try to blend in with the neighborhood
14. Wear or carry articles that look valuable
15. Shoulder through a sidewalk crowd
16. Go into a home unless invited
17. Give too much information about yourself or your family
18. Possess any weapon during work hours

Field Accountability

In order to assist supervisors and staff in assuring a reasonable measure of accountability regarding the whereabouts of each staff member throughout the workday, adherence to the following measures are required:

Each RTC staff member should do the following when working in the field:

- Indicate in writing where you are going, with a specific address if possible, and your estimated time of return to the office; **write legibly.**
- Pay attention to time. You MUST notify your supervisor and relevant coworkers if you will not be back in the office by the time you indicated on the in/out log.
- It is strongly recommended that staff conclude their work day at the office so that records containing Protected Health Information (PHI) can be stored according to the Security & Confidentiality policy. If a RTC staff needs to conclude their workday in the field, they should carry only the minimum number of records necessary and store them securely.
- Please keep in mind: Your colleagues in the office need to know that you are safe. If by 5:00 pm you are still in the field and no one is able to establish contact with you, they could reasonably assume you are missing. In the unfortunate case that a RTC staff provider is presumed missing, law enforcement may be contacted and a search for them may be initiated.

Field Accountability in Rural Areas

RTC staff working in rural areas should do the following:

Because some of the locations in Utah are remote with limited communication and emergency services, it is recommended that RTC appointments conducted in rural areas are done in tandem with two RTC staff members. If another RTC staff member is not available to travel, the RTC staff member should call their supervisor or another co-worker frequently to check in. It is not recommended that the RTC staff member request other non-RTC staff members to accompany them in the field unless they have training and experience in field based disease investigation and interviewing. If the RTC staff does not feel safe conducting field work alone in a remote community they are to notify their supervisor and develop a safety plan.

Missing RTC Staff

In the event that a RTC staff member is determined to be missing, i.e., has missed a check-in time or is late returning to the office based on the return time indicated on the in/out log, the following procedure should be followed:

- Any RTC staff member 30 minutes late for their check-in or return to the office, as indicated on the in/out board, should be phoned.
- If the RTC staff does not respond within 10 minutes, they should be phoned again. In addition, the RTC staff member should be called at home or on their personal cell phone (if they are not already utilizing their personal cell phone in the field).
- If the RTC staff member does not respond to this second attempt at contact, a supervisor/manager should be notified immediately.

- The following information should be gathered: 1) last time the RTC staff member called in, 2) last known area of the RTC staff member, 3) planned destination of the RTC staff member, 4) your license plate number and a description of your car, and 5) any other pertinent information
- If available, the program supervisor/manager should call the police and report the RTC staff member as missing. Otherwise any staff person can contact law enforcement to report a missing RTC staff member. Local law enforcement agency should advise at that time about their next steps and actions.

Incident De-Briefing and Documentation

- Any incident that has made an RTC staff person feel unsafe must be discussed with a supervisor within 24 hours of the incident. Management should determine if the incident should be reviewed with all DIS staff. Incidents deemed necessary for an all staff review should be presented to all staff within 14 days of the incident report.
- All critical incidents should be documented in a "memo to the record" and copies should be submitted to the immediate program supervisor/manager. A critical incident is defined for the purposes of this document as a violent or imminent threat, or an event that interrupts normal procedures or precipitates a crisis.
- Fear in and of itself is not an incident unless the fear is a result of a verbal or physical threat to person or property.

Vehicle Safety

Safe and defensive driving guidelines recommend the following:

- Keep doors locked, windows up, and gears engaged at intersections in unsafe areas.
- On city/town streets drive in the middle rather than the curbside lane.
- Pull over to answer or make cell phone calls.
- Always lock the car doors after parking.
- Park in well-lit areas.
- Check around and under the car and rear seat before re-entering.
- Keep the car keys readily available.
- When stopping at a light or stop sign, always maintain a good distance from the car in front. This allows for swinging around the other vehicle in either direction, if someone approaches.
- Don't leave valuables and confidential information within view inside of an automobile.
- Lock purses or briefcases in glovebox or center console before leaving the office and not after arriving at the destination.
- Avoid parking in areas where a car could be blocked in. Park facing the direction needed to exit an area quickly and efficiently.
- In the case of car trouble, raise the hood, get in the car, lock the doors, and turn on emergency flashers. Use your cell phone to call for needed assistance. Wait for emergency road service or

the police. If the cell phone is not working, attach a sign or drape a cloth from the window or door handle.

- If someone stops to offer help, open the window slightly, but do not get out of the car. Ask the person who stops to call a service truck or police.
- If hit from behind by another automobile, drive to the nearest well-lighted public place before stopping. If possible look for a police or fire station for assistance.
- Always use a well-fueled, reliable vehicle. Do not leave the vehicle low on gas.

Professionalism

Professionalism can be a safety strategy. When one conducts themselves in a professional manner and with a sense of purpose, the need for other safety strategies is minimized. All RTC staff should conduct work professionally as an ethical standard of conduct. RTC staff should also be aware of establishing and maintaining appropriate boundaries with clients.

Communication

1. Adapt language and word choice to that of the client to the extent that professionalism and appropriateness is not compromised. Avoid profanity. Some words necessary to discuss sex acts may be profane, as defined by some. The use of these words may be necessary, and therefore are appropriate.
2. Use a respectful tone, pace, pitch, cadence, and voice modulation.